

Fill in this information to identify your case:

Debtor 1	Margaret M. Demieri		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF PENNSYLVANIA</u>			
Case number (if known)	<u>17-15406</u>		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Americollect Nonpriority Creditor's Name Progressive Physicians Associates PO Box 1586 Manitowoc, WI 54221 Number Street City State Zip Code Who incurred the debt? Check one.	\$308.00
	Last 4 digits of account number	5240
	When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Auto Insurance

Debtor 1 Margaret M. Demieri

4.2

Capital One Bank

Nonpriority Creditor's Name

15000 Capital One Dr**Richmond, VA 23238**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

4271**\$2,338.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit card purchases**

4.3

College Heights Endoscopy Center

Nonpriority Creditor's Name

3147 College Heights Blvd**Allentown, PA 18104**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

2819**\$311.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill**

4.4

Colon-Rectal Surgery Associates, P.C.

Nonpriority Creditor's Name

1255 S. Cedar Crest Blvd.**Suite 3900****Allentown, PA 18103**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

0289**\$165.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill**

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4.5	Debt Recovery Solutions, Inc. Nonpriority Creditor's Name 900 Merchants Concourse Suite 11-1 Westbury, NY 11590 Number Street City State Zip Code	Last 4 digits of account number 2344	\$310.00
		When was the debt incurred?	
<p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Other. Specify Utility Bill</p> <p><input type="checkbox"/> Yes</p>			
4.6	Esaton Hopsital Nonpriority Creditor's Name Central Business Office 1605 Valley Center Parkway, Suite 200 Bethlehem, PA 18017 Number Street City State Zip Code	Last 4 digits of account number 9401	\$2,361.00
		When was the debt incurred?	
<p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Other. Specify Medical Bill</p> <p><input type="checkbox"/> Yes</p>			
4.7	Gastroenterology Associates, Ltd Nonpriority Creditor's Name 3131 College Heights Boulevard Suite 1200 Allentown, PA 18104 Number Street City State Zip Code	Last 4 digits of account number 8887	\$367.00
		When was the debt incurred?	
<p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Other. Specify Medical Bill</p> <p><input type="checkbox"/> Yes</p>			

Debtor 1 Margaret M. Demieri

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4.8

Homeowners Emergency Mortgage Assistance

Nonpriority Creditor's Name

**211 North Front Street
PO Box 15530
Harrisburg, PA 17105**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 2842

\$2,568.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Mortgage Assistance Repayment**

4.9

Kohl's Department Store

Nonpriority Creditor's Name

**PO BOX 3115
Milwaukee, WI 53201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 0048

\$900.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit card purchases**

4.1
0**Lehigh Valley Health Network**

Nonpriority Creditor's Name

**Patient Accounting Department
PO Box 4120
Allentown, PA 18105**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 7628

\$56.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill**

Debtor 1 Margaret M. Demieri

<p>4.1 1</p> <p>Lehigh Valley Hospital - Muhlenberg Nonpriority Creditor's Name 2545 Schoenersville Road Bethlehem, PA 18017 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical Bill</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0000 \$520.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
<hr/> <p>4.1 2</p> <p>Liberty Emergency Physicians, LLC Nonpriority Creditor's Name 250 S. 21st Street Easton, PA 18042 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical Bill</p> <p><input type="checkbox"/> Yes</p>	
<hr/> <p>Last 4 digits of account number 4716 \$180.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	
<hr/> <p>4.1 3</p> <p>Manoj Mittal, MD Nonpriority Creditor's Name 2061 Fairview Avenue Easton, PA 18042 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical Bill</p> <p><input type="checkbox"/> Yes</p>	

Debtor 1 Margaret M. Demieri

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4.1
4**Progressive Speciality Insurance**

Nonpriority Creditor's Name

**c/o Credit Collection Services
PO Box 55126
Boston, MA 02205**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Last 4 digits of account number _____

\$1,024.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **vehicle insurance** _____

4.1
5**Quest Diagnostics**

Nonpriority Creditor's Name

**PO Box 4911
Southeastern, PA 19398**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Last 4 digits of account number **8230** _____

\$43.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill** _____

4.1
6**Statewide Tax Recovery, Inc.**

Nonpriority Creditor's Name

**100 North Third Street
PO Box 752
Sunbury, PA 17801**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Last 4 digits of account number _____

\$302.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Local Tax** _____

Debtor 1 **Margaret M. Demieri**Document Page 7 of 14 Case number (if known) **17-15406**4.1
7**Sullivan Oil & Propane**

Nonpriority Creditor's Name

**2168 Community Drive
Bath, PA 18014**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **2961****\$54.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.1
8**Tek Collect**

Nonpriority Creditor's Name

Estella Stein Dentist**116 South Walnut Street****Bath, PA 18014**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$222.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill - dentist**

4.1
9**Travelers**

Nonpriority Creditor's Name

Attn: Consumer Affairs**One Tower Square****Hartford, CT 06183**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$186.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Auto Insurance**

Debtor 1 **Margaret M. Demieri**

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Case number (if known)

17-154064.2
0**Verizon Pennsylvania, Inc.**

Nonpriority Creditor's Name

**900 Race Street
Philadelphia, PA 19107**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **2344****\$309.92**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Utility Bill**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**CBCS
PO Box 163250
Columbus, OH 43216-3250**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1552**

Name and Address

**Credit Collection Services
Two Wells Avenue
Dept. 9134
Newton Center, MA 02459**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3871**

Name and Address

**Debt Recovery Solutions, Inc.
900 Merchants Concourse
Suite LL-11
Westbury, NY 11590-5114**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Durham & Durham, LLP
5665 New Northside Drive
Suite 340
Atlanta, GA 30328**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7034**

Name and Address

**Michael F. Ratchford, Esquire
409 Lackawanna Avenue
Suite 320
Scranton, PA 18503**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **1431**

Name and Address

**National Recovery Agency
2491 Paxton Street
Harrisburg, PA 17111**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **U800****Part 4: Add the Amounts for Each Type of Unsecured Claim**

Debtor 1 Margaret M. Demieri

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
		\$	0.00
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 12,621.94
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 12,621.94

Fill in this information to identify your case:

Debtor 1	Margaret M. Demieri		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA		
Case number (if known)	17-15406		

Check if this is an amended filing

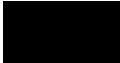
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Margaret M. Demieri

Margaret M. Demieri
Signature of Debtor 1

Date January 3, 2018

X

Signature of Debtor 2

Date _____

Americollect
Progressive Physicians Associates
PO Box 1586
Manitowoc, WI 54221

Capital One Bank
15000 Capital One Dr
Richmond, VA 23238

CBCS
PO Box 163250
Columbus, OH 43216-3250

College Heights Endoscopy Center
3147 College Heights Blvd
Allentown, PA 18104

Colon-Rectal Surgery Associates, P.C.
1255 S. Cedar Crest Blvd.
Suite 3900
Allentown, PA 18103

Credit Collection Services
Two Wells Avenue
Dept. 9134
Newton Center, MA 02459

Debt Recovery Solutions, Inc.
900 Merchants Concourse
Suite LL-11
Westbury, NY 11590-5114

Dorothy A. Davis, Esquire
Eckert Seamans Cherin & Mellot LLC
US Steel Tower
600 Grant Street, 44th Floor
Pittsburgh, PA 15219

Durham & Durham, LLP
5665 New Northside Drive
Suite 340
Atlanta, GA 30328

Eckert Seamans, LLC
50 S. 16th Street
22nd Floor
Philadelphia, PA 19102

Esaton Hopsital
Central Business Office
1605 Valley Center Parkway, Suite 200
Bethlehem, PA 18017

Gastroenterology Associates, Ltd
3131 College Heights Boulevard
Suite 1200
Allentown, PA 18104

Homeowners Emergency Mortgage Assistance
211 North Front Street
PO Box 15530
Harrisburg, PA 17105

Kohl's Department Store
PO BOX 3115
Milwaukee, WI 53201

Lehigh Valley Health Network
Patient Accounting Department
PO Box 4120
Allentown, PA 18105

Lehigh Valley Hospital - Muhlenberg
2545 Schoenersville Road
Bethlehem, PA 18017

Liberty Emergency Physicians, LLC
250 S. 21st Street
Easton, PA 18042

Manoj Mittal, MD
2061 Fairview Avenue
Easton, PA 18042

Michael F. Ratchford, Esquire
409 Lackawanna Avenue
Suite 320
Scranton, PA 18503

National Recovery Agency
2491 Paxton Street
Harrisburg, PA 17111

Pennsylvania Housing Finance Agency
211 North Front Street
Harrisburg, PA 17101

Progressive Speciality Insurance
c/o Credit Collection Services
PO Box 55126
Boston, MA 02205

Quest Diagnostics
PO Box 4911
Southeastern, PA 19398

Robert DeMieri
unknown

Statewide Tax Recovery, Inc.
100 North Third Street
PO Box 752
Sunbury, PA 17801

Sullivan Oil & Propane
2168 Community Drive
Bath, PA 18014

Tek Collect
Estella Stein Dentist
116 South Walnut Street
Bath, PA 18014

Travelers
Attn: Consumer Affairs
One Tower Square
Hartford, CT 06183

US Bank
800 Nicolle Mall
Minneapolis, MN 55402

Verizon Pennsylvania, Inc.
900 Race Street
Philadelphia, PA 19107